Schedule E)	PAGE 1 OF 61 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	C C00530766					
	O cocceree					
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dad / Yayayay					
Full Name of Payee Jeanne Tribou	Date of Public Distribution/Dissemination					
	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 22369 Ponderosa Dr.	Amount					
City State Zip Code	40.00					
Mandeville LA 70471	Transaction ID : aa4a52ff-cbb0-4c2b-b Date of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Offic	ce Sought: House District: 00					
Ms. Mary L Landrieu Oppose	President State: LA					
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For: Primary					
Full Name of Payee	Date of Public Distribution/Dissemination					
Jeanne Tribou	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 22369 Ponderosa Dr.	Amount					
City State Zip Code	4.50					
Mandeville LA 70471	Transaction ID : e3e2bc66-a2b9-4b41-b Date of Disbursement or Obligation					
Purpose of Expenditure Mileage Category/ Type 002	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	ce Sought: House District: 00					
Ms. Mary L Landrieu Oppose	President X Senate State: LA					
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary					
-						
(a) SUBTOTAL of Itemized Independent Expenditures	44.50					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	09 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

Schedule E)	INT EXI END	ON ONES	PAGE 2 OF 61 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Francesca Blom			09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code	70.00	
Winchester	VA	22602	Transaction ID : 4eb12ab3-429d-4811-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	-	95879.64	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Lauren E Heffington			09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 488 Broadwell Dr			Amount	
City	State	Zip Code	30.00	
Nashville	TN	37220	Transaction ID: 9896cda3-56f2-4ddf-a Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09 / 20 / Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	, ,	95879.64	Disbursement For: Primary General General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 100.00	
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(,,			4 4	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 09 22 7 2014	
· ·				

Sche	edule E)	XI ENDI	TOTILO				PAGE 3 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wor	men Speak Out PAC						C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Am	ends reno	ort filed on	M = M /	D = D / Y = Y = Y
					T IIIOG OIT		
	III Name of Payee Rachel L Anzalone				Da	ate of Public	c Distribution/Dissemination
Ma	ailing Address 2319 West Oak				Ar	nount	
Cit	ty Sta	ate	Zip Code		— Г		30.00
		.R	71730				ID: 77868f2d-f591-4925-a ursement or Obligation
	ırpose of Expenditure alary		Category/ Type	001		09	20 / 2014
Na	ame of Federal Candidate			Support	Office So	ught:	House District: 00
М	lr. Mark L Pryor			Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	,	95879.64		Disburser 2014	ment For: Other (sp	Primary X General Decify) ▶
	III Name of Payee				Da	ate of Publi	c Distribution/Dissemination
	Rachel L Anzalone					M = M 09	20 / 2014
Ma	ailing Address 2319 West Oak						
					Ar	nount	
Ci	ity Sta	ate	Zip Code				4.56
		١R	71730				D: 062f91a6-c124-420c-a ursement or Obligation
	urpose of Expenditure fileage		Category/ Type	002		09	20 7 2014
Na	ame of Federal Candidate			Support	Office Sc	ught:	House District:00
M	Ir. Mark L Pryor		X	Oppose	Pre	esident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.64	4	Disburser 2014	ment For: Other (sp	Primary
				<u> </u>			
(a)	SUBTOTAL of Itemized Independent Expenditures				•		34.56
(b)	SUBTOTAL of Unitemized Independent Expenditures				. •		
(c)	TOTAL Independent Expenditures				•		
with	der penalty of perjury I certify that the independent en n, or at the request or suggestion of, any candidate on ty committee) any political party committee or its ager	rauthorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 22	2014
-	Signature		_				

Schedule E)	DENT EXITERS	TOTILO		PAGE 4 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 000000.00
Check if 24-hour report X 48-hour re	port New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Quentin C Pool			Date of	Public Distribution/Dissemination
			O	9 20 7 2014
Mailing Address 4091 E Horne Ave			Amount	
City	State	Zip Code		25.00
Farmville	NC	27828		ction ID : f0913340-b0ab-4340-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	NC NC
Calendar Year-To-Date Per Election for Office Sought	3	320423.28	Disbursement 2014	For: Primary General
Full Name of Payee				Public Distribution/Dissemination
Quentin C Pool			M	M / D D / Y Y Y Y
Mailing Address 4091 E Horne Ave				9 20 2014
1001 2 1.0			Amount	
City	State	Zip Code		9.00
Farmville	NC	27828		tion ID : f232ec6b-d48e-40b7-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		9 / 20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	cpenditures		>	34.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	4
(c) TOTAL Independent Expenditures			· ·	77
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	22 2014
Signature				

Sch	edule E)	ti Littoi	1101120				PAGE 5 OF 61 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
Chec	k if 24-hour report X 48-hour report	New repo	oort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
TF	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Jennie Butler					M M M O9	/ D D / Y Y Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z Y
N	Mailing Address 1676 Shady Creek Rd				Amo	ount	
	City State	.e	Zip Code				30.00
	Ayden NC	;	28513				ID: 0c06847a-651f-4f94-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid \mid$	09	20 / 2014
N	Name of Federal Candidate		<u>'</u>	Support	Office Sou	nht:	House District:00
	Ms. Kay Hagan			Oppose	Presi	_	X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	320423.28		Disburseme 2014	ent For: Other (sp	Primary
					Date		ic Distribution/Dissemination
						09	20 / 2014
ľ	Mailing Address 1676 Shady Creek Rd				Amo	ount	
	Dity Stat	te	Zip Code				5.40
	Ayden NC	;	28513		Tran Date	saction II e of Disbu	D: 88b45055-be3d-4a4e-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		^M 09	20 / 2014
1	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan		X	Oppose	Pres	ident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		320423.28	8	Disbursem 2014	ent For: Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures						35.40
•	, , , , , , , , , , , , , , , , , , , ,						
(b) SUBTOTAL of Unitemized Independent Expenditures				•		7
(с) TOTAL Independent Expenditures				•	-5	
wi	nder penalty of perjury I certify that the independent exp th, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	. 09	/ 22	/ Y Y Y Y Y Y 2014
	Signature		_				

Sched	ule E)	. EXI EIID			PAGE 6 OF 61 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
Eull N	Name of Payee			Data	of Dublic Distribution/Discouringstice
Ka	cie Gleb				of Public Distribution/Dissemination 09 20 2014
Mailii	ng Address 3815 Robin Road			Amou	int
City		State	Zip Code	$-\Gamma$	30.00
Ayde		NC	28513		saction ID : fe83eecb-2dc5-401c-a of Disbursement or Obligation
Purpe Sala	ose of Expenditure rry		Category/ Type 001		09 / 20 / 2014
Nam	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 3	320423.28	Disbursemen 2014	nt For:
	Name of Payee			Date	of Public Distribution/Dissemination
Ma	tt Gleb				09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili	ng Address 3815 Robin Road				
				Amou	unt
City		State	Zip Code		33.00
Ayd		NC	28513	Transa Date	action ID : c330b617-aa08-4cb6-b of Disbursement or Obligation
Sala	ose of Expenditure ary		Category/ Type 001		09 / 20 / 2014
Nam	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	Kay Hagan		Oppose	Presid	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	320423.28	Disbursemer 2014	nt For:
(a) SI	JBTOTAL of Itemized Independent Expenditure	s		. •	63.00
(b) SI	JBTOTAL of Unitemized Independent Expenditu	ures		· •	
(c) T(OTAL Independent Expenditures			· -	7 7 7
with, c	penalty of perjury I certify that the independe or at the request or suggestion of, any candidat committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature				

Schedule E)	JENT EXICITE	TI OTILO	PAGE 7 OF 61 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Matt Gleb			09 20 / 2014	
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code	9.00	
Ayden	NC	28513	Transaction ID: 7d6992f8-f0c1-401d-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 20 / 4 2014	
Name of Federal Candidate		Support	Office Sought: House District:00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7	320423.28	Disbursement For:	
Full Name of Payee	_		Date of Public Distribution/Dissemination	
Eric J Smith			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4967 Dysartville			Amount	
City	State	Zip Code	80.00	
Morganton	NC	28655	Transaction ID : 5156ebbe-53e8-4c30-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Exper	nditures		89.00	
(4)			7 7	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
=				

Schedule E)	THE OTT OF INDEFEND	LITT EXI LITE			PAGE 8 OF 61 FOR SE OF FORM 24/48
NAME OF COM					FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24	hour report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		Z New Year	ort /imondo rope	Tr mod on	
Full Name of Jennifer	E Smith				of Public Distribution/Dissemination
Mailing Addre	ess 4967 Dysartsville Rd			Amou	nt
City		State	Zip Code		80.00
Morganton		NC	28655		action ID : a8badac1-39c7-4153-8 of Disbursement or Obligation
Purpose of E Salary	Expenditure		Category/ Type 001		09 20 / 2014
Name of Fed	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Haç	gan		X Oppose	Preside	ent State: NC
	r Year-To-Date ction for Office Sought	,,,,,	320423.28	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name o	f Payee			Date	of Public Distribution/Dissemination
Jennifer	E Smith			TV	09 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addr	ess 4967 Dysartsville Rd				20 2011
	·			Amou	nt
City		State	Zip Code		7.50
Morganton		NC	28655	Transa Date	oction ID: 28c4fca7-32c9-41aa-a of Disbursement or Obligation
Purpose of E Mileage	-xpenditure		Category/ Type 002	N	09 / 20 / Y Y Y Y Y
Name of Fed	deral Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hag	gan		Oppose	Preside	ent Senate State: NC
	ar Year-To-Date ction for Office Sought		320423.28	Disbursemen 2014	t For: Primary X General ther (specify) ▶
(a) SUBTOTA	L of Itemized Independent Expendent	ditures		•	87.50
(b) SUBTOTA	L of Unitemized Independent Exp	enditures		·· •	7 7 7
(c) TOTAL In	dependent Expenditures			•	7 1 7 1 7
with, or at the		ndidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
1	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	22 / 2014
Signature			_		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G cosses as
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee	Date of Public Distribution/Dissemination
Lindsey E Helms	09 / 20 / 2014
Mailing Address 301 N Clinic Apt 3	Amount
City State Zip Code	45.00
Searcy AR 72143	Transaction ID: e66af529-7e54-4349-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee Lindsey E Helms	Date of Public Distribution/Dissemination
	09 / 20 / 2014
Mailing Address 301 N Clinic Apt 3	Amount
City State Zip Code	22.80
Searcy AR 72143	Transaction ID : bcd6d592-1d41-4452-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 20 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	67.80
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
	9 22 2014
Signature	

Sche	edule E)	EXI EIID			PAGE 10 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Woı	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y D D / Y D D D
	ıll Name of Payee Iodi Fountain				of Public Distribution/Dissemination
	ailing Address 1010 S Dogwood Drive				09 / 20 / 2014
	TOTO S DOGWOOD DIIVE			Amou	nt
Ci	ty	State	Zip Code		25.00
В	ogalusa	LA	70427		action ID : d9e93ff7-ebee-44cd-b of Disbursement or Obligation
	urpose of Expenditure calary		Category/ Type 001		09 / 20 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
М	ls. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	1	122818.81	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	ull Name of Payee			Date	of Public Distribution/Dissemination
J	Jodi Fountain			N	09 20 2014
M	ailing Address 1010 S Dogwood Drive				09 20 2014
	Ü			Amou	nt
Ci	ity	State	Zip Code		11.40
	Bogalusa	LA	70427	Transa Date	oction ID: 95cfbcc4-f9bd-4e90-a of Disbursement or Obligation
	urpose of Expenditure //ileage		Category/ Type 002	N	09 / 20 / 2014
Na	ame of Federal Candidate		Support	Office Sough	nt: House District:00
M	1s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		122818.81	Disbursemen 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures	S		•	36.40
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures			
(c)	TOTAL Independent Expenditures			•	4 4
with	der penalty of perjury I certify that the independer n, or at the request or suggestion of, any candidat ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	, 09 /	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	JENT EXICIO	HORLS		GE 11 OF 61 PR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	530766
Check if 24-hour report X 48-hour repor	New rep	oort Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee Adena V Smith				stribution/Dissemination
Mailing Address 450 Judson Dr			09 Amount	20 2014
City Wake Forest	State NC	Zip Code 27587		15.00 3cddd5e3-85db-496f-b ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001		20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: 2014 Other (specify)	Primary X General y) ▶
Full Name of Payee Adena V Smith			M = M /	stribution/Dissemination
Mailing Address 450 Judson Dr			09 Amount	20 2014
City	State	Zip Code		7.50
Wake Forest	NC	27587		379b9ed-59db-4ff3-8 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: 2014 Other (specif	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	22.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures			1 1 1 1 1 1 1
			4	4 4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / 22	2014
5.g.14.410				

S	chedule E)	PAGE 12 OF 61 FOR SE OF FORM 24/48
V/	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷	Women Speak Out PAC	C C00530766
Cł	heck if 24-hour report X 48-hour report New report Amer	ends report filed on
	Full Name of Payee Krystal A Wilson	Date of Public Distribution/Dissemination
	Mailing Address 448 Judson Dr	09 20 2014 Amount
	City State Zip Code	15.00
	City State Zip Code Wake Forest NC 27587	Transaction ID: 4e5aaeb2-a7ac-43d2-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001 09 / 20 / Y Y Y Y Y Y Y Y
	Name of Federal Candidate Su	upport Office Sought: House District: 00
	Ma Marillana	ppose President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 320423.28	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	James A Sears	09 / 20 / 2014
	Mailing Address 305 Averroe Dr	Amount
	City State Zip Code	70.00
	Apex NC 27502	Transaction ID: 93336e9e-cff6-4a2e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001 09 / 20 / 2014
		upport Office Sought: House District: 00
	Ms. Kay Hagan Op	ppose President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 320423.28	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
	_	
	(a) SUBTOTAL of Itemized Independent Expenditures	85.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	······································
	(c) TOTAL Independent Expenditures	······································
	Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Signature	Date 09 / 22 / 2014

Scł	hedule E)		Onle		-	PAGE 13 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					00530766
Che	ck if 24-hour report X 48-hour report New	w repor	t Amends repor	t filed on	M = M /	D = D / Y = Y = Y
_	Full Name of Payee			Dat	of Dublic I	Distriction (Disposinglish
	Monique Guillory			Date	e of Public I	Distribution/Dissemination 20 2014
	Mailing Address 409 LaSalle Drive			Amo	ount	
	City State	Z	Zip Code			40.00
	Little Rock AR	7	72211			: 334146d0-1634-4898-9 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09	20 / 2014
	Name of Federal Candidate	-	Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor		X Oppose	Pres	ident X	
	Calendar Year-To-Date Per Election for Office Sought	9	5879.64	Disbursement 2014	ent For: Other (spec	Primary
	Full Name of Payee			Dat	e of Public	Distribution/Dissemination
Ì	Monique Guillory				M M /	20 / 2014
ľ	Mailing Address 409 LaSalle Drive			Δ		
				Am	ount	
ľ	City State	Z	Zip Code			7.50
	Little Rock AR		72211	Tran Dat	saction ID : e of Disburs	: f8d52070-fc9f-40de-8 sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09	20 / 2014
	Name of Federal Candidate		Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor		X Oppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	-,	95879.64	Disbursem 2014	ent For:	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures			•	7	47.50
(l	b) SUBTOTAL of Unitemized Independent Expenditures			•		7
(0	c) TOTAL Independent Expenditures			•		7
W	Inder penalty of perjury I certify that the independent expendi- vith, or at the request or suggestion of, any candidate or autho- arty committee) any political party committee or its agent.					
		ectronice	ally Filed] Date	09	/ 22	2014
	Signature					

Schedule E)	IN EXICID	HONES	+	PAGE 14 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Kay Davis			09	20 / 2014
Mailing Address 5117 Carr Dr			Amount	
City	State	Zip Code		30.00
Grifton	NC	28530		D: 445a27f1-869b-4173-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	320423.28	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Kay Davis			09	20 / 2014
Mailing Address 5117 Carr Dr			Amount	
City	State	Zip Code		9.00
Grifton	NC	28530		: 5851c350-ce9b-4ab2-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	320423.28	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures			39.00
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 22	2014
S.g. accio				

Sch	edule E)	i Lito	1101120				PAGE 15 OF 61 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
						M = M /	D D / Y Y Y Y Y
Ched	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on		
F	Full Name of Payee Edward N Walker				D	M M	c Distribution/Dissemination
1	Mailing Address 3 Girard St				Α.	09 mount	20 2014
- 1	City State		Zip Code				60.00
	Ft Smith AR		72901				ID: 1ecf11f7-59d2-4fea-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	20 / 2014
1	Name of Federal Candidate			Support	Office So	ought:	House District: 00
	Mr. Mark L Pryor			Oppose	l —	_	X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.64		Disburse 2014	ment For:	Primary
Ī	Full Name of Payee				D	ate of Publi	c Distribution/Dissemination
	Edward N Walker					M M M	20 2014
Ī	Mailing Address 3 Girard St					03	20 2014
					A	mount	
	City State	9	Zip Code				8.70
	Ft Smith AR		72901		Tra	ansaction II ate of Disbu	D: 4467c20c-117f-42af-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	20 / 2014
Ī	Name of Federal Candidate			Support	Office So	ought:	House District: 00
	Mr. Mark L Pryor		\times	Oppose	Pr	esident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.6	4	Disburse 2014	ement For: Other (sp	Primary
							,,
(a) SUBTOTAL of Itemized Independent Expenditures				. •		68.70
(b	substotal of Unitemized Independent Expenditures				. •		
(c	TOTAL Independent Expenditures				•		
wi	nder penalty of perjury I certify that the independent exp th, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.						
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	9 09	/ D D D 22	2014
	Signature		_				

Schedule E)				PAGE 16 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee	· ·		Data of	Distribution/Discomination
Caleb A Rowan			M	Public Distribution/Dissemination 9 20 2014
Mailing Address 14619 Brown Bear Dr P.O. Box 7481			Amount	
City	State	Zip Code		80.00
Little Rock	AR	72223		ction ID : a9234aa8-4914-4317-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 0	9 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		95879.64	Disbursement I	For: Primary
Full Name of Payee Caleb A Rowan				Public Distribution/Dissemination
Mailing Address 14619 Brown Bear Dr			O	09 / 20 / 2014
P.O. Box 7481			Amount	t
City	State	Zip Code		39.00
Little Rock	AR	72223	Transact Date of	tion ID: 82f7d536-c18b-4f69-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		9 20 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		95879.64	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure)S		• []	119.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		22 2014
Signature		_		

Schedule E)		1101120		PAGE 17 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / T = T = T
Full Name of Payee Beau Autin				Public Distribution/Dissemination
Mailing Address 345 Auroura Ave			O	
345 Auroura Ave			Amount	
City	State	Zip Code		55.00
Metairie	LA	70006		ction ID: 8a41cac9-51c1-40dd-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 0	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		122818.81	Disbursement I 2014 Oth	For: Primary
Full Name of Payee				Public Distribution/Dissemination
Beau Autin			0	
Mailing Address 345 Auroura Ave			Amount	
City	State	Zip Code		3.69
Metairie	LA	70006	Transact Date of	tion ID : 924d98dd-aca6-47e0-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		122818.81	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		· •	58.69
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· .	7 1 7 1 2
(c) TOTAL Independent Expenditures			· [7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		22 2014
Signature				

Sched	dule E)	. EXI END			PAGE 18 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee nthony W Stevens				of Public Distribution/Dissemination
Mai	iling Address 3405 German Shepherd Trail			Amou	09 20 2014
					05.00
City Wa	/ ake Forest	State NC	Zip Code 27587		35.00 action ID : 6f255b7b-ac1b-49ea-b
	pose of Expenditure lary		Category/ Type 001		of Disbursement or Obligation 9 20 2014
Nar	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Kay Hagan		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	3	320423.28	Disbursemen 2014 O	t For: Primary
Ar	Name of Payee nthony W Stevens iling Address 3405 German Shepherd Trail				of Public Distribution/Dissemination 09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	-	3.36
	ake Forest	NC	27587		ction ID : bee99699-f045-467e-9 of Disbursement or Obligation
	rpose of Expenditure leage		Category/ Type 002	N	09 / 20 / Y Y Y Y Y
Nar	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Kay Hagan		Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	320423.28	Disbursemen 2014 O	t For:
(a) §	SUBTOTAL of Itemized Independent Expenditure	es		•	38.36
(b) S	SUBTOTAL of Unitemized Independent Expendit	ures			7 1 7 1 7
(c) 1	TOTAL Independent Expenditures			•	7
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candida or committee) any political party committee or its	ate or authorized			
_	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	22 2014
S	ignature				

Scl	hedule E)	PAGE 19 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	d on
T	Full Name of Payee Samantha M Dowell	Date of Public Distribution/Dissemination
ŀ	Mailing Address 8450 Mount Valley Lane Apt 204	09 20 2014 Amount
		, undure
١	City State Zip Code	24.50
	Raleigh NC 27613	Transaction ID: 4e2641e0-e060-420a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate Support Office	ee Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
	Full Name of Payee	Date of Public Distribution/Dissemination
١	Samantha M Dowell	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 8450 Mount Valley Lane Apt 204	
١		Amount
ľ	City State Zip Code	1.50
	Raleigh NC 27613	Transaction ID: e2249637-6d52-43ff-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 20 / 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	26.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	24.0	09 22 2014
	Signature	

Schedule E)	ENT EXICITE	TIONES	PAGE FOR S	20 OF 61 SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFI	CATION NUMBER ▼	
Women Speak Out PAC	766				
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	/	
Full Name of Payee			Date of Public Distrib	ution/Dissemination	
Jeremy Hollar			M M / D 20		
Mailing Address 121 Meadowview Drive			Amount		
City	State	Zip Code		60.00	
Boone	NC	28607	Transaction ID : f5c6 Date of Disbursemen		
Purpose of Expenditure Salary		Category/ Type 001	09 / 20		
Name of Federal Candidate		Support	Office Sought: Hous	se District: 00	
Ms. Kay Hagan		X Oppose	President Sena	te State: NC	
Calendar Year-To-Date Per Election for Office Sought	.,.,	320423.28	Disbursement For: Pr 2014 Other (specify) ▶	imary X General	
Full Name of Payee			Date of Public Distrib	oution/Dissemination	
Jeremy Hollar			M M / D 20		
Mailing Address 121 Meadowview Drive			Amount		
City	State	Zip Code		10.20	
Boone	NC	28607	Transaction ID: 441b Date of Disbursemen		
Purpose of Expenditure Mileage		Category/ Type 002	M 09 / 20		
Name of Federal Candidate		Support	Office Sought: House	se District: 00	
Ms. Kay Hagan		Oppose	President Sena		
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: Pr 2014 Other (specify)	imary X General	
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	70.20	
			7	7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures)	7	
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y	2014	
•					

Sc	hedule E)	L /(1 = 1.12 :	1101120		PAGE 21 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
T	Full Name of Payee Theresa a Youngblood	,		М	of Public Distribution/Dissemination
-	Mailing Address 102 S Main Street Apt A2			Amour	09 20 2014 nt
ŀ	City	State	Zip Code		80.00
	Berryville	VA	22611		action ID : eb2cff0f-9bcb-4ef8-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 20 / 2014
l	Name of Federal Candidate		Support	Office Sought	t: House District: 00
	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.64	Disbursement 2014 Ot	t For:
	Full Name of Payee Matt Curran				of Public Distribution/Dissemination
-	Mailing Address 1537 Country Lane			Amou	
ŀ	City	State	Zip Code	$\dashv \sqcap$	25.00
	Kernersville	NC	27284	Transa Date	ction ID : 92ce44d6-2c8e-469e-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 20 / 2014
ľ	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement 2014 O	t For:
((a) SUBTOTAL of Itemized Independent Expenditures	ş		· •	105.00
((b) SUBTOTAL of Unitemized Independent Expenditur	res		· •	1 4 1 4 1 4 1
((c) TOTAL Independent Expenditures			•	7 1 7 1 7
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	22 / 2014
	Signature				

Schedule E)	LAFLINDI	TUNES		PAGE 22 OF 61 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C	C00530766	
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y	
Full Name of Payee Matt Curran			Date of F	Public Distribution/Dissemination	
Mailing Address 1537 Country Lane			09 Amount	20 2014	
'	State	Zip Code	Tourses	13.50	
Kernersville	NC	27284		ion ID: 3fdcc7d7-805c-46c2-9 Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09	20 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		X Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	3	20423.28	Disbursement Fo	or: Primary X General	
Full Name of Payee				Public Distribution/Dissemination	
Rachel H Young			M 09	M / D D / Y Y Y Y	
Mailing Address Box #11543 915 E Market Ave			Amount		
City	State	Zip Code		81.00	
Searcy	AR	72149		on ID : 46f9d410-62aa-452c-9 Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M 09	20 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose	President	Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		95879.64	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				94.50	
				7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	71171171	
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7 1	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / D	22 / Y = Y = Y = Y = Y = Y	
Signature					

Sc	hedule E)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PAGE 23 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
Che	eck if 24-hour report X 48-hour report New report	Amends report	t filed on	/ D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public	c Distribution/Dissemination
	Rachel H Young		09	20 / 2014
	Mailing Address Box #11543 915 E Market Ave		Amount	
ŀ	City State Zip	p Code		53.70
		2149		ID: 37034724-e686-4585-8 ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09	20 / 2014
Ī	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought 958		Disbursement For: 2014 Other (sp	Primary
Ī	Full Name of Payee Natalie M Foutch			c Distribution/Dissemination
-			09	20 / 2014
	Mailing Address 1057 Waldron Road		Amount	
ŀ	City State Zip	p Code		8.10
		37086	Transaction II Date of Disb	D: 90442b50-1a57-4e58-b ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M 09	20 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
-	Mr. Mark L Pryor	X Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 Other (sp	Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures			61.80
,	· · · · · · · · · · · · · · · · · · ·			
((b) SUBTOTAL of Unitemized Independent Expenditures)	7
(c) TOTAL Independent Expenditures		>	1141141
W	Under penalty of perjury I certify that the independent expenditures report, or at the request or suggestion of, any candidate or authorized contactly committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronical]	lly Filed] Date	09 / 22	/ Y Y Y Y Y 2014
	Signature			

Schedule E)	DEI ENDERT EXI END	TIONES	PAGE 24 OF 61 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48	-hour report New rep	port Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Lindsey N Rose			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 615 Live Oak Dr			Amount			
City	State	Zip Code	80.00			
searcy	AR	72143	Transaction ID: 69b20853-a56d-4e88-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09 / 20 / Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Mr. Mark L Pryor		X Oppose	President State: AR			
Calendar Year-To-Date Per Election for Office Sough	t	95879.64	Disbursement For: Primary General Q014 Gther (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Miranda A Resinos			09 20 7 2014			
Mailing Address 1430 Sunnysid	e Rd		Amount			
City	State	Zip Code	75.00			
Alma	AR	72921	Transaction ID: 33879275-0035-4194-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09 / 20 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Mr. Mark L Pryor		Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sough	t	95879.64	Disbursement For: Primary General General Other (specify) ▶			
(a) SUBTOTAL of Itemized Indepe	ndent Expenditures		155.00			
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		•			
(c) TOTAL Independent Expenditu	es		•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
-						

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Miranda A Resinos	09 20 7 2014
Mailing Address 1430 Sunnyside Rd	Amount
City State Zip Code	11.70
Alma AR 72921	Transaction ID: b68f8ba3-0d3d-4c0c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 09 / 20 / 2014
Name of Federal Candidate Suppor	rt Office Sought: House District:00
Mr. Mark L Pryor Oppose	
Calendar Year-To-Date Per Election for Office Sought 95879.64	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Barbara A Williams	Date of Public Distribution/Dissernination
Mailing Address 3002 Darden Rd Apt A	Amount
City State Zip Code	65.00
Greensboro NC 27407	Transaction ID : 44c3aba2-ee1a-458f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09 20 / Y Y Y Y
Name of Federal Candidate Suppo	rt Office Sought: House District: 00
Ms. Kay Hagan Oppos	ee President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 320423.28	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	76.70
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	······ >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 22 2014
Signature	

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OF

Schedule E)	ENT EXICID	ITORES		PAGE 26 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Francis Richardson			09	20 / 2014
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code		20.00
Lafayette	LA	70503		D: 24f38308-7c33-4ca4-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	122818.81	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Francis Richardson			09	20 / 2014
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code		3.09
Lafayette	LA	70503		D: 7cfd0050-a7d6-4089-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		122818.81	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures			23.09
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7	7 -
(b) SUBTOTAL of Unitemized Independent Expo	enditures		>	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 22	2014
-				

	dule E)	LAFEND	TOTILO		PAGE 27 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
IOVV	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y = Y
	Il Name of Payee			Date	of Public Distribution/Dissemination
	(ristian A Jones			[M 09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
IVIC	ailing Address 121 Blueberry Fields			Amo	unt
Ci	ty	State	Zip Code		10.00
	aple Hill	NC	28454		saction ID: 4daf0ef2-6c96-4581-b of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001] [09 / 20 / 2014
Na	ame of Federal Candidate		Support	Office Soug	ht: House District:00
М	s. Kay Hagan		X Oppose	Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	320423.28	Disburseme 2014	nt For:
	III Name of Payee			Date	of Public Distribution/Dissemination
r	ristian A Jones				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 121 Blueberry Fields			Amo	unt
Ci	ty	State	Zip Code		1.92
	faple Hill	NC	28454		action ID: 19fb3574-d73f-42af-8 of Disbursement or Obligation
	ırpose of Expenditure fileage		Category/ Type 002] [M 09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Soug	ht: House District: 00
M	s. Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	320423.28	Disburseme 2014	nt For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditure	98			11.92
					7 7 7
(b)	SUBTOTAL of Unitemized Independent Expendit	tures		· •	7
(c)	TOTAL Independent Expenditures			• [1 7 1 1 7 1 1 7
with	ler penalty of perjury I certify that the independent, or at the request or suggestion of, any candidaty committee) any political party committee or its	ate or authorized			
- ;	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	22 / 2014
	-				

Schedule E)	DENT EXICIO	ITORES	PAG FOR	E 28 OF 61 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee Ashley n Thompson				ribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6				2014
			Amount	
City	State	Zip Code	1 1 9	60.30
Lexington	NC	27295	Transaction ID : fc Date of Disbursement	7137ad-ac01-41af-a ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		20 / Y Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		X Oppose	President X Se	nate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: 2014 Other (specify)	Primary General
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Ashley n Thompson				20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6			Amount	
City	State	Zip Code		18.60
Lexington	NC	27295	Transaction ID : data Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002		20 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		Oppose	President X Se	nate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: 2014 Other (specify)	Primary Seneral
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	78.90
				7
(b) SUBTOTAL of Unitemized Independent Ex	penditures)	7
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date	M M / D D / 09 22	2014
•				

Sc	hedule E)	5		PAGE 29 OF 61 FOR SE OF FORM 24/48
IAV	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	eck if 24-hour report X 48-hour report New report	Amends repo		M / D = D / Y = Y = Y
T	Full Name of Payee Randy G Lookabill		М	f Public Distribution/Dissemination
ŀ	Mailing Address 200 Carawood Lane		Amour	09 20 2014 ut
ŀ	City State Zip Code			60.30
	Lexington NC 27295			action ID : eadf93fa-12bf-41b1-b f Disbursement or Obligation
	Purpose of Expenditure Salary Catego	ry/ pe 001	M	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	Support	Office Sought	: House District:00
	Ms. Kay Hagan	Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought 320423.28		Disbursement 2014 Ot	For: Primary X General her (specify) ▶
ſ	Full Name of Payee		Date of	of Public Distribution/Dissemination
	Laura U Logie		М	09 20 / Y Y Y Y Y
	Mailing Address 2565 Shire Circle		Amour	nt
ŀ	City State Zip Code	е		30.00
	Harrisonburg VA 22801			ction ID : 31202d5c-4bd8-439a-8 of Disbursement or Obligation
	Purpose of Expenditure Salary Catego Ty	ry/ pe 001		09 / 20 / Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought	:
	Ms. Kay Hagan	Oppose	Preside	nt X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 32042	3.28	Disbursement 2014 Of	For: Primary X General her (specify) ►
((a) SUBTOTAL of Itemized Independent Expenditures		· •	90.30
((b) SUBTOTAL of Unitemized Independent Expenditures		·· •	7
((c) TOTAL Independent Expenditures			7 7 7
٧	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed	d] Date	e 09	22 / Y Y Y Y Y Y Y 2014

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Patrice Wolfe	09 20 / 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	10.00
Little Rock AR 72205	Transaction ID: 07dcb93f-235d-41c1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09 / 20 / 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppos	
Calendar Year-To-Date Per Election for Office Sought 95879.64	Disbursement For: Primary General 2014 Char (consist)
F.II News of Book	Other (specify) ▶
Full Name of Payee Patrice Wolfe	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd	09 20 2014 Amount
City State Zip Code	1.50
Little Rock AR 72205	Transaction ID: 692548a5-60c5-474f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 09 / 20 / 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppos	Se President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 95879.64	Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditures	11.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 22 2014
Signature	

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OF

Schedule E)	PAGE 31 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	ds report filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Danielle E Grindstaff	Date of Public Distribution/Dissemination
Mailing Address 147 Possum Trot Rd	09 20 2014 Amount
City State Zip Code	70.00
City State Zip Code Bakersville NC 28705	Transaction ID: b462d531-8bbe-4f54-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09 20 7 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Kay Hagan Opp	ose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 320423.28	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Danielle E Grindstaff	Date of Public Distribution/Dissemination
Mailing Address 147 Possum Trot Rd	09 20 2014 Amount
City State Zip Code	27.60
Bakersville NC 28705	Transaction ID : d4ed1e8f-c56c-4035-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 M 09 / 20 / Y 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Kay Hagan Opp	
Calendar Year-To-Date Per Election for Office Sought 320423.28	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	97.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 09 / 22 / 2014

Schedule E)	LIVI EXI LIVE	TIONES	<u> </u>	PAGE 32 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Ruthie M Thompson			Date of Public I	Distribution/Dissemination
Mailing Address 286 Wrenn Drive			09	20 / 2014
			Amount	
City	State	Zip Code		40.00
Lexington	NC	27292		: e1c0a154-88fb-4721-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	.,.,	320423.28	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jeanne Tribou			M M /	20 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		40.00
Mandeville	LA	70471		cc2468b98-17a6-4384-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		122818.81	Disbursement For: 2014 Other (spec	Primary X General cify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	80.00
				7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 22	2014
5.g				

Schedule E)		PAGE 33 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report f	filed on Mam / Dab / Yayayay
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.		09 20 2014
		Amount
City State	Zip Code	6.60
Mandeville LA	70471	Transaction ID: 645bc9bb-8674-44bf-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District:00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General O14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Xavier Miller		M = M / D = D / Y = Y = Y
Mailing Address 407 randall Dr		09 20 2014
Mailing Address 407 randall Dr		Amount
City State	Zip Code	40.00
Searcy AR	72143	Transaction ID : 65199eca-8cb1-4992-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 20 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		46.60
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
	lectronically Filed] Date	09 22 2014
Signature		

Schedule E)				PAGE 34 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Xavier Miller			Date of Pu	blic Distribution/Dissemination
Mailing Address 407 randall Dr			09 Amount	20 2014
1 '	State AR	Zip Code 72143		2.40 on ID : 7c96b975-c093-4f1b-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Dis	sbursement or Obligation D
Name of Federal Candidate		Cumant	Office Cought	House District: 00
Mr. Mark L Pryor		Support Oppose	Office Sought: President	House District: 00 Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		95879.64	Disbursement For 2014 Other	: Primary X General
Full Name of Payee Marilyn A Holt			M = M	iblic Distribution/Dissemination
Mailing Address 314 Tumbleweed Dr			Amount	20 2014
City	State	Zip Code		40.00
Winston Salem	NC	27127		n ID: 5d58b486-2a17-4f57-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	/ 20 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditures			•	42.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· ·	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	09 / 22	

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Marilyn A Holt	09 20 2014
	Mailing Address 314 Tumbleweed Dr	Amount
	City State Zip Code	14.40
	Winston Salem NC 27127	Transaction ID : 3bfba2b6-5751-41d7-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	
		U Other (specify) ▶
	Full Name of Payee Sandra C Montalbano	Date of Public Distribution/Dissemination
	Mailing Address 4177 Lowerline St	09 20 2014 Amount
	City State Zip Code	35.00
	Slidell LA 70461	Transaction ID : dfb0b002-9848-420e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	49.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	09 22 2014
	Signature	

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OF

Schedule E)	PAGE 36 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Date Sandra C Montalbano	e of Public Distribution/Dissemination
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4177 Lowerline St Amo	punt
City State Zip Code	3.30
	nsaction ID: 92b127ea-2200-4e5b-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
	e of Public Distribution/Dissemination
Billy Martin	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd Amo	punt
City State Zip Code	60.00
	saction ID: 84087661-5294-4a39-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 09 / 20 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Presi	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	63.30
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Og	22 / 2014

Schedule E)		TOLITI EXI LITE			PAGE 37 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour rep	port New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payer Billy Martin	 ee				of Public Distribution/Dissemination
Mailing Address 2	DEO IS Proviton rd				09 / 20 / 2014
	:00 JO DIEWIOII IG			Amour	nt
City		State	Zip Code		5.40
goldonna	-04	LA	71031		action ID : f63cff35-326a-4e85-9 of Disbursement or Obligation
Purpose of Expen Mileage	diture		Category/ Type 002	M	09 / 20 / Y Y Y Y
Name of Federal	Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landri	eu		X Oppose	Preside	ent Senate State: LA
Calendar Yea Per Election	r-To-Date for Office Sought	1	22818.81	Disbursement 2014 Ot	reference : For: Primary
Full Name of Paye	ee			Date of	of Public Distribution/Dissemination
Gary W Fuhr	mann			М	09
Mailing Address	9425 Jessica Drive				09 20 2017
	0.20000000			Amou	nt
City		State	Zip Code		42.50
Shreveport		LA	71106	Transa Date o	ction ID: 095277b6-da51-433d-b of Disbursement or Obligation
Purpose of Expen Salary	diture		Category/ Type 001	М	09 / 20 / Y Y Y Y Y
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landri	eu		X Oppose	Preside	
Calendar Yea Per Election	ar-To-Date for Office Sought		122818.81	Disbursement 2014 O	t For:
(a) SUBTOTAL of	Itemized Independent Exp	penditures		>	47.90
(b) SUBTOTAL of	Unitemized Independent	Expenditures		•	7 1 7 1 7 1
(c) TOTAL Indeper	ndent Expenditures			· [
with, or at the requ		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. En	nily Buchanan	[Electron	ically Filed] Date	9 09	22 2014
Signature					

Schedule E)		1101120		PAGE 38 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Gary W Fuhrmann			M	
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		4.20
Shreveport	LA	71106		ction ID : 1678132f-b4c5-4ea1-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	1	122818.81	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Paul Rickert				09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 710 St. Martins Lane			Amoun	
			Amoun	
City	State	Zip Code		15.00
Bossier City	LA	71111	Transac Date of	tion ID: 2e2828da-84a6-4d14-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		9 / 20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		122818.81	Disbursement 2014 Oth	For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	19.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	09	22 2014
Signature		_		

Schedule E)	DENT EXPEND	ii ones	PAGE 39 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee Clay A McCreary			Date of Public Distribution/Dissemination
Mailing Address 1762 Orchard Drive			09 20 2014 Amount
City Lenoir	State NC	Zip Code 28645	70.00 Transaction ID : 2b482204-813a-45cc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,-,-,	320423.28	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Clay A McCreary			09 20 7 2014
Mailing Address 1762 Orchard Drive			Amount
City	State	Zip Code	34.50
Lenoir	NC	28645	Transaction ID: 062a32b1-be56-4490-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		104.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	LXI LIVE			PAGE 40 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Eleanor McCoy			М	Public Distribution/Dissemination
Mailing Address 4902 Catawba Dr			Amount	20 2014
City	State	Zip Code		27.50
Greensboro	NC	27407		ction ID : d3242bc7-230b-4061-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 20 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	320423.28	Disbursement 2014 Oth	For: Primary General ner (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Eleanor McCoy				09 20 2014
Mailing Address 4902 Catawba Dr			Amoun	لىنىا لنا ك
City	Ctata	7:- Code		40.00
City Greensboro	State NC	Zip Code 27407	Transac Date of	10.20 tion ID : 255978f1-be2b-4b41-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	9 20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	320423.28	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	9s		•	37.70
(b) SUBTOTAL of Uniternized Independent Expendit	tures		. —	
(a) action is of the mapped and the special content of the special c				7 7
(c) TOTAL Independent Expenditures				7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09	22 2014
Signature				

Schedule E)	DENT EXTEND	THORIES	PAGE 41 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee Michelle Rickert			Date of Public Distribution/Dissemination
Mailing Address 710 St. Martins Lane			09 20 2014 Amount
City	Chaha	Zin Code	120
City Bossier City	State LA	Zip Code 71111	4.20 Transaction ID : 205ee72a-38ac-4c2a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		122818.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			09 20 2014 Amount
City	State	Zip Code	30.00
High Point	NC	27260	Transaction ID: 8946f517-1fde-4f58-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		34.20
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 22 2014
Signaturo			

Schedule E)	PENT EXICITE	TI OTILO	PAGE 42 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			09 20 / 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	9.30
High Point	NC	27260	Transaction ID: 9d035689-f302-4a20-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	320423.28	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle McCoy			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	30.00
High Point	NC	27260	Transaction ID: e4e995a8-600f-433f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	320423.28	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		39.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)		i Littoi	TOTILO				PAGE 43 FOR SE OF	OF 61 FORM 24/48
NAME OF COMMITTEE (In Full)						FEC ID		N NUMBER ▼
Women Speak Out PA	√C					C	C00530766	
						M = M /	D D /	Y Y Y
Check if 24-hour report	48-hour report	New repo	ort Am	ends repo	ort filed or			
Full Name of Payee Danielle McCoy						Date of Public	Distribution/E	Dissemination 2014
Mailing Address 1025 Cayle	y Ct				Δ	Amount	20	2014
City	State	<u> </u>	Zip Code					10.50
High Point	NC	,	27260				D: 5ead989c-	-66d2-4933-a
Purpose of Expenditure Mileage			Category/ Type	002		09 /	20	2014
Name of Federal Candidate				Support	Office S	ought:	House [District: 00
Ms. Kay Hagan				Oppose			Senate	State: NC
Calendar Year-To-Date Per Election for Office S	Sought	3	20423.28		Disburse 2014	ement For: Other (sp	Primary ecify) ▶	X General
Full Name of Payee					[Date of Public	c Distribution/[Dissemination
Jacob L Colbert						M M M /	20	2014
Mailing Address 49 Sharo	n Circle							
						Amount		
City	State	9	Zip Code					20.00
Greenbrier	AR		72058				D: 82816e47-f ursement or O	
Purpose of Expenditure Salary			Category/ Type	001		09	20	2014
Name of Federal Candidate				Support	Office S	Sought:	House [District: 00
Mr. Mark L Pryor			X	Oppose	P	resident	X Senate	State: AR
Calendar Year-To-Date Per Election for Office S	Sought		95879.64	4	Disburse 2014	ement For: Other (sp	Primary pecify) ▶	X General
(a) SUBTOTAL of Itemized In	dependent Expenditures				. •	7	7	30.50
(b) SUBTOTAL of Uniternized	Independent Expenditures				. •			
(c) TOTAL Independent Expe	nditures				•			
Under penalty of perjury I cer with, or at the request or sug- party committee) any political	gestion of, any candidate or a							
Ms. Emily Buchane	ın	[Electroni	ically Filed]	Date	, M M	/ 22	/ Y Y 2014	
Signature			_				-	

Sche	edule E)	EXI EIID	TONLO		PAGE 44 C	OF 61 RM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION N	
Wo	men Speak Out PAC				C C00530766	
					M = M / D = D / Y	Y Y Y
Check	t if 24-hour report 48-hour report	New repo	ort Amends re	port filed or		
	Ill Name of Payee Jacob L Colbert				ate of Public Distribution/Disse	emination
M	ailing Address 49 Sharon Circle				09 20	2014
L				A	mount	
С	ity	State	Zip Code			13.50
	Greenbrier	AR	72058		ransaction ID : 9c256a68-456 ate of Disbursement or Obliga	
	urpose of Expenditure //ileage		Category/ Type 00	2	09 / D D / Y	2014
N	ame of Federal Candidate		Support	Office S	ought: House Distri	ct: 00
M	fr. Mark L Pryor		X Oppose	P	esident X Senate Sta	te: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	95879.64	Disburse 2014	ment For: Primary Other (specify) ▶	K General
	ull Name of Payee			[ate of Public Distribution/Diss	emination
'	Phillip Williams				09 / D D / Y	2014
M	lailing Address 3007 Darden Rd					20
				<i>A</i>	mount	
С	ity	State	Zip Code			70.00
	Greensboro	NC	27407		ansaction ID : 626de8b9-fef4- ate of Disbursement or Obliga	
	urpose of Expenditure Salary		Category/ Type 00	1	09 / 20 / Y	2014
N	ame of Federal Candidate		Support	Office S	ought: House Distr	ict:00
M	ls. Kay Hagan		X Oppose	P	esident Sta	te: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	320423.28	Disburs 2014	ment For: Primary Other (specify) ►	X General
(a)	SUBTOTAL of Itemized Independent Expenditures	s		▶		83.50
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		···· •		
(c)	TOTAL Independent Expenditures			····· •		
with	der penalty of perjury I certify that the independer n, or at the request or suggestion of, any candidat ty committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 09	22 / 2014	Y
	Signature					_

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G 600000700
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Phillip Williams	Date of Public Distribution/Dissemination
·	09 / 20 / 2014
Mailing Address 3007 Darden Rd	Amount
City State Zip Code	16.80
Greensboro NC 27407	Transaction ID: 94896748-e2dd-4c64-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 20 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Beverly Williams	09 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd	Amount
City State Zip Code	70.00
Greensboro NC 27407	Transaction ID: 5492e202-e676-429d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 20 / Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	86.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date 0	9 22 2014
Signature	

Sch	hedule E)		J			PAGE 46 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				_	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C	00530766
Che	eck if 24-hour report X 48-hour report New	w report	Amends rep	oort filed on	M = M /	D = D / Y = Y = Y
_	Full Name of Payee				-to of Public	Distribution/Dissemination
	Cecilla A Rebrick				M M / O9	Distribution/Dissemination 20 2014
	Mailing Address 5003 Allison Lane			Ar	mount	
-	City State	Zip Cod	e			60.00
	Ft. Smith AR	72901				: 7d2cd832-1429-4eaf-a sement or Obligation
	Purpose of Expenditure Salary	Catego Ty	ory/ ype 001		09	20 / 2014
	Name of Federal Candidate		Support	Office So	ought:	House District: 00
	Mr. Mark L Pryor	<u> </u>	Oppose		esident X	
	Calendar Year-To-Date Per Election for Office Sought	95879.64	4	Disburser 2014	ment For:	Primary
	Full Name of Payee			D:		Distribution/Dissemination
Ì	Cecilla A Rebrick				M = M /	D D / Y Y Y Y
[-	Mailing Address 5003 Allison Lane				09	20 2014
	Mailing Address 5003 Allison Lane			Ar	mount	
	City State	Zip Cod	ie			1.50
	Ft. Smith AR	72901		Tra	insaction ID ate of Disbur	: 478cb4a1-1d4d-4549-8 sement or Obligation
	Purpose of Expenditure Mileage	Catego Ty	ory/ ype 002		09	20 / 2014
	Name of Federal Candidate		Support	Office Sc	ought:	House District:00
	Mr. Mark L Pryor	>	Oppose	Pre	esident X	
	Calendar Year-To-Date Per Election for Office Sought	9587	79.64	Disburser 2014	ment For:	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures			··· •		61.50
(k	b) SUBTOTAL of Unitemized Independent Expenditures			··· •		
(0	c) TOTAL Independent Expenditures			···· •		
W	Under penalty of perjury I certify that the independent expendity vith, or at the request or suggestion of, any candidate or authorizerty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Ele	ectronically File	ed] Date	te 09	/ 22	2014
	Signature					

Schedule E)		II OILO		PAGE 47 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour rep	ort X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Z4-nour report 40-nour rep	on New rep	Amends repo	ort filed off	
Full Name of Payee JoAnn Burks			Date of Pul	blic Distribution/Dissemination
Mailing Address 10 Castle Hill Ct			Amount	
City	State	Zip Code		30.00
Little Rock	AR	72227		n ID : 513c4481-31b3-4da7-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		95879.64	Disbursement For: 2014 Other (:
Full Name of Payee JoAnn Burks	-			blic Distribution/Dissemination
Mailing Address			09	20 / 2014
Mailing Address 10 Castle Hill Ct			Amount	
City	State	Zip Code		9.00
Little Rock	AR	72227	Transaction Date of Dis	n ID: 4509773d-78c2-4491-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09 M	/ 20 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		95879.64	Disbursement For 2014 Other	: Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		· •	39.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			>	7 1 7 1 7 1
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 22	
Signature		_		

Schedule E)	LIVI EXI LIVE	TIONES		GE 48 OF 61 PR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ Y = Y = Y = Y
Full Name of Payee Jackson S Tuttle			M M / E	stribution/Dissemination
Mailing Address 404 Chancery Park Ct			09 Amount	20 2014
City.	Chaha	7:n Cada		00.00
City Kernersville	State NC	Zip Code 27284	Transaction ID : Date of Disburser	60.00 289afd15-c2bf-4a1e-a
Purpose of Expenditure Salary		Category/ Type 001		20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	320423.28	Disbursement For: 2014 Other (specify)	Primary X General y) ▶
Full Name of Payee Jackson S Tuttle				stribution/Dissemination
Mailing Address 404 Chancery Park Ct			09	20 2014
			Amount	
City	State	Zip Code		7.50
Kernersville Purpose of Expenditure	NC	27284		9891b3f-495c-467d-8 ment or Obligation
Mileage		Category/ Type 002	09	20 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: 2014 Other (specif	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			67.50
//s) CURTOTAL of Unitersized Independent Firm	an alikuwa a			7
(b) SUBTOTAL of Unitermized Independent Exp	enditures		>	45
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 22 /	2014
5				

Schedule E)	DEITT EXTEND			PAGE 49 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on	
Full Name of Payee Lee R Carter				lic Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			09	20 2014
3110 Brentwood Rd			Amount	
City	State	Zip Code		50.00
Raleigh	NC	27604		ID: 1ddcb861-8403-4c92-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: 2014 Other (s	Primary
Full Name of Payee				lic Distribution/Dissemination
Lee R Carter			M M M	/ D D / Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			09	20 2014
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		9.30
Raleigh	NC	27604	Transaction Date of Disk	ID: 1e2603c5-253b-449a-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For: 2014 Other (s	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expe	nditures		• •	59.30
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. •	
(c) TOTAL Independent Expenditures			,	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D 1	2014
Signature				

Sc	hedule E)	A: L:	1011=0				PAGE 50 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee Benjamin Hernandez				Date	M = M	c Distribution/Dissemination
-	Mailing Address 915 E Market Ave				Amo	09 ount	20 2014
ŀ	City Stat	ıta	Zip Code				90.00
	Searcy AF		72149				ID: 6373b6b7-f633-40c1-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M 09	20 / 2014
ı	Name of Federal Candidate		<u> </u>	Support	Office Soug	aht:	House District:00
	Mr. Mark L Pryor			Oppose	Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.64		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Benjamin Hernandez Mailing Address 915 E Market Ave				Date	09	c Distribution/Dissemination
ŀ	City Sta	ıte	Zip Code				28.20
	Searcy AF	R	72149		Trans Date	saction II	D : c79977b3-aaed-4be9-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\Box \mid \mid$	M 09	20 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.64	4	Disburseme 2014	ent For: Other (sp	Primary
((a) SUBTOTAL of Itemized Independent Expenditures						118.20
((b) SUBTOTAL of Unitemized Independent Expenditures.						
((c) TOTAL Independent Expenditures				· [-	
W	Under penalty of perjury I certify that the independent ex vith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	22	2014
	Signature						

,						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATIO	N NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report X 48-hour report	New repor	t Ame	nds repor		= M /		Y N Y N Y N Y
Full Name of Payee				Date of	of Public	c Distribution/I	Dissemination
Timothy Foley				M	09	20	2014
Mailing Address 20679 Glenbrook Terrace				Amou	nt		
City	State Z	Zip Code					25.00
Sterling	VA 2	20165				ID : dccaf5a1- ursement or O	
Purpose of Expenditure Salary		Category/ Type	001	M	09	20	2014
Name of Federal Candidate		Su	upport	Office Sough	t:	House [District: 00
Mr. Mark L Pryor		X or	opose	Preside	ent	X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	9	5879.64		Disbursemen 2014 O		Primary Decify) ▶	General
Full Name of Payee Joneisha Stewart						ic Distribution/	Dissemination
				N	09	20	2014
Mailing Address 2329 Runnymede Dr				Amou	nt		
City	State 2	Zip Code					60.00
Marrero	LA	70072				D: 2f58fa9e-b ursement or C	
Purpose of Expenditure Salary		Category/ Type	001		09	20	2014
Name of Federal Candidate		Sı	upport	Office Sough	nt:	House	District: 00
Ms. Mary L Landrieu		X o	ppose	Preside	ent	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		122818.81		Disbursemen 2014 C		Primary pecify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures				· [7	85.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			· [1 1 7	
(c) TOTAL Independent Expenditures				•	-	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized of						
Ms. Emily Buchanan	[Electronic	ally Filed]	Date	M M /	22	/ Y Y Y 2014	
Signature							

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OF

Schedule E)	INI EXI END	TIONES	PAGE 52 FOR SE OF F	OF 61 ORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	I NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	YYYY
Full Name of Payee			Date of Public Distribution/Di	ssemination
Joneisha Stewart			09 / D D /	2014
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		8.40
Marrero	LA	70072	Transaction ID: 091a6f6d-fo	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 20 /	2014
Name of Federal Candidate		Support	Office Sought: House Di	strict:00
Ms. Mary L Landrieu		X Oppose	President Senate S	State: LA
Calendar Year-To-Date Per Election for Office Sought	7,	122818.81	Disbursement For: Primary 2014 Other (specify) ▶	X General
Full Name of Payee			Date of Public Distribution/Di	ssemination
Caleb Craig			M M / D D / 09 20	2014
Mailing Address 1410 Bushville drive			Amount	
City	State	Zip Code		60.00
Lenoir	NC	28645	Transaction ID : 1e8079df-93 Date of Disbursement or Ob	
Purpose of Expenditure Salary		Category/ Type 001	09 / 20 /	2014
Name of Federal Candidate		Support	Office Sought: House Di	strict: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		320423.28	Disbursement For:	X General
(a) CURTOTAL of Itemized Independent Europei	tura			00.40
(a) SUBTOTAL of Itemized Independent Expendi	tures			68.40
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>	
(c) TOTAL Independent Expenditures			·	1.4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 22 / 2014	T Y

Schedule E)	I EXI END	TTOTILO		PAGE 53 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	- M / D = D / Y = Y = Y
Full Name of Payee Heather N Montgomery				of Public Distribution/Dissemination
Mailing Address 106 Wyncrest Ct			Amou	09 20 2014 int
City	State	Zip Code	⊢г:	90.00
Hendersonville	TN	37075		action ID: b45eb89e-c26c-4a7b-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	95879.64	Disbursemen 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Heather N Montgomery			T	09
Mailing Address 106 Wyncrest Ct			Amou	int
City	State	Zip Code	$ \Gamma$	38.10
Hendersonville	TN	37075	Transa Date	action ID : fca6567c-8067-4939-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 20 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	95879.64	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure:	6			129 10
(a) SUBTUTAL of itemized independent Expenditures	S		•	128.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		·· •	7 7 7
(c) TOTAL Independent Expenditures			-	7 1 7 1 7 1
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09 /	22 2014
Signature				

Schedule E)		II OILEO		PAGE 54 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-l	nour report New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
	Thew rep	Amends repo	of thick of	
Full Name of Payee Kinsey E Beck			Date of Publi	c Distribution/Dissemination
Mailing Address 103 Glenhaven Ct			Amount	
City	State	Zip Code		90.00
Harvest	AL	35749		ID: f108eb92-0f35-4d89-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 -	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	95879.64	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee Randy M Gold			Date of Publ	ic Distribution/Dissemination
Kandy W Gold			09	20 / 2014
Mailing Address 1436 Haigs Cree	ek Dr		Amount	
City	State	Zip Code		125.00
Elgin	SC	29045	Transaction I Date of Disb	D: 1ef9b5f6-54f3-4e29-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		95879.64	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent	dent Evnenditures			215.00
(a) SOBTOTAL OF ITEMIZED INDEPEN	dent Experialities			213.00
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		•	7
(c) TOTAL Independent Expenditure	S		>	1 2 1 2
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party of	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 22	/ Y Y Y Y Y 2014
Signature				

Sch	nedule E)	EXI EIVE	TOTTLO				PAGE 55 OF 61 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	X New repo	ort Am	ende reno	rt filed on	M = M /	/ D = D / Y = Y = Y
_		New Tepo	TI AIII	enus repo	It filed off		
	Full Name of Payee Randy M Gold				Dat	e of Public	c Distribution/Dissemination
ı	Mailing Address 1436 Haigs Creek Dr				Am	ount	
	Dity S	State	Zip Code		$ \Gamma$		69.90
	Elgin	SC	29045				ID: d5faa4c6-7945-4ce4-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	20 / 2014
1	Name of Federal Candidate		S	Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pres	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	,	95879.64		Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
Г	Full Name of Payee				Da	te of Publi	c Distribution/Dissemination
-	Kaleigh J Wagner					M M M 09	20 2014
Ī	Mailing Address 18065 Wayne Rd					00	20 2011
	·				Am	ount	
	City	State	Zip Code				125.00
	Odessa	FL	33556		Trar Da	saction II te of Disb	D: 1db59189-5712-4d7f-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	20 2014
	Name of Federal Candidate			Support	Office Sou	ıght:	House District:00
	Mr. Mark L Pryor		X	Oppose	Pres	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.64	4	Disbursem 2014	nent For: Other (sp	Primary X General Decify) ▶
(a	SUBTOTAL of Itemized Independent Expenditures				• •		194.90
(b	o) SUBTOTAL of Unitemized Independent Expenditure	es			· [1 4 1 4
(c	e) TOTAL Independent Expenditures				•		
wi	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ago	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	м = м 09	/ 22	/ Y Y Y Y Y Y 2014
	Signature		_	0			

Sched	lule E)	EXI EIID	101120		PAGE 56 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y
	Name of Payee elly Dolan				of Public Distribution/Dissemination 9 20 2014
Mai	ling Address 543 S 2nd St			Amou	nt
City	,	State	Zip Code		70.00
	llaire	NC	77401		action ID : da1a25a8-8fa7-462a-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		09 20 / 2014
Nar	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms	. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	1	22818.81	Disbursement 2014 O	t For:
	Name of Payee			Date of	of Public Distribution/Dissemination
K	elly Dolan			M	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	lling Address 543 S 2nd St				00 20 2011
				Amou	nt
City	1	State	Zip Code		9.00
	llaire	NC	77401	Transa Date	ction ID: 947bd37d-bfe4-4e38-8 of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002	M	09 / 20 / Y Y Y Y
Nar	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	122818.81	Disbursemen 2014 O	t For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	S		•	79.00
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	7 1 7 1 7
(c) 1	TOTAL Independent Expenditures			•	7 1 7 1 7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	09 /	22 / 2014
S	ignature				

Schedule E)	NOENT EXPEND	TOTILS		PAGE 57 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour rep	oort New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Tylan S Green			Date of Public	Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr			09 Amount	20 2014
City	State	Zip Code		70.00
New Orleans	LA	70131		D: c8525a61-0b42-454e-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, 1	22818.81	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Tylan S Green			09	20 / 2014
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		13.20
New Orleans	LA	70131		: 47f75af6-7b61-46f7-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		122818.81	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Ex	penditures			83.20
(b) SUBTOTAL of Uniternized Independent	Evnandituras		7	
(b) SOBTOTAL of Officernized Independent	Experialtures		•	4
(c) TOTAL Independent Expenditures			•	1 4 1 4
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 22	2014
=				

Sch	nedule E)	EXI END	101120			PAGE 58 OF 61 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends	report fil	ed on	D = D / Y = Y = Y
		Z Now lope	711101140	- roport iii	34 511 L	
	Full Name of Payee Carol L Walters				Date of Public	Distribution/Dissemination 20 / 2014
1	Mailing Address 1900 Glen West Way				Amount	
	City	State	Zip Code			10.00
	Fort Smith	AR	72916			D: c6473111-97ff-47e2-9 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	M M /	20 / 2014
Ī	Name of Federal Candidate		Suppo	ort Off	fice Sought:	House District: 00
	Mr. Mark L Pryor		X Oppos		President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.64	Dis 20°	sbursement For: 14 Other (spe	Primary
Г	Full Name of Payee				Date of Public	Distribution/Dissemination
1	Carol L Walters				M M /	20 / 2014
	Mailing Address 1900 Glen West Way					20 2014
ı					Amount	
-	City	State	Zip Code			3.60
	Fort Smith	AR	72916		Transaction ID Date of Disbu	: 06383cc5-a06b-49f4-9 rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	09	20 / 2014
	Name of Federal Candidate		Suppo	ort Of	fice Sought:	House District: 00
	Mr. Mark L Pryor		X Oppo	se	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.64		sbursement For: 114 Other (sp	Primary X General ecify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures.			······ >	7	13.60
(k	o) SUBTOTAL of Unitemized Independent Expenditure	es		······ >		
(0	e) TOTAL Independent Expenditures			······	1 7	7
W	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M / D D D 0 09 22	/ Y Y Y Y Y 2014
	Signature		_			

Sch	edule E)	M = 112.					PAGE 59 OF 61 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
F	Full Name of Payee				Date	e of Public	c Distribution/Dissemination
	Shantal C Culbreath					M M 09	20 / 2014
N	Mailing Address 4691 Hercules Lane				Amo	ount	
	City Stat	te	Zip Code				80.00
	Woodbridge VA	4	22193				ID: 09c8eb42-5e55-4616-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M 09	20 / 2014
N	Name of Federal Candidate		<u> </u>	Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan			Oppose	Pres		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	320423.28		Disburseme 2014	ent For: Other (sp	Primary ☐ General Decify) ▶
F	-ull Name of Payee				Date	e of Publi	ic Distribution/Dissemination
	Thomas Dias					M M M 09	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 110 Maryella Dr					US	20 2014
	110 Maryona Di				Ame	ount	
	City Sta	ite	Zip Code				50.00
	Searcy AF	₹	72143		Tran Date	saction II e of Disb	D: 712123cc-8ec0-45b8-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		^M 09	20 2014
1	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
Ľ	Mr. Mark L Pryor		X	Oppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		95879.64	1	Disbursem 2014	ent For: Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				•		130.00
(b) SUBTOTAL of Unitemized Independent Expenditures.				· • [7 1 2
(c) TOTAL Independent Expenditures				•		
wit	nder penalty of perjury I certify that the independent ex th, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 22	/ Y Y Y Y Y 2014
	Signature		_				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed o	n
Full Name of Payee		Date of Public Distribution/Dissemination
Thomas Dias		09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Maryella Dr		Amount
City	State Zip Code	33.00
Searcy		Transaction ID : a777fd9f-ce18-4d97-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 20 / 4 2014
Name of Federal Candidate	Support Office 9	Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	95879.64 Disburs 2014	sement For: Primary X General Other (specify) ▶
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination
Mailing Address 9455 Snow Camp Road		09 20 2014
		Amount
City	State Zip Code	70.00
Snowcamp		ransaction ID: 61dfbf77-d909-4a1d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 20 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	320423.28 Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures.	·····	103.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 09	22 / 2014
Signature		

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OF

Schedule E)	PAGE 61 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Earl Stewart	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9455 Snow Camp Road	Amount
City State Zip Code	8.10
Snowcamp NC 27349	Transaction ID: 172dc225-b46e-4d82-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 20 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	rsement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	8.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4192.52
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Oscillators	
- 3	